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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/808,440 |
| | Filing Date | March 25, 2004 |
| | First Named Inventor | VARMA, Ashish |
| | Art Unit | 3763 |
| | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | Attorney Docket Number | PA1555 CIP2 |

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|--|--------------------------|----------|--------|
| Firm Name | Medtronic Vascular, Inc. | | |
| Signature | | | |
| Printed name | Catherine C. Mares | | |
| Date | August 25, 2005 | Reg. No. | 35,268 |

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| FORM PTO-1449 (Modified) | ATTY. DOCKET NO. PA1555 CIP2 | SERIAL NO. 10/808,440 |
| LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary) | APPLICANT VARMA, Ashish | |
| | FILING DATE March 25, 2004 | GROUP ART UNIT 3763 |

REFERENCE DESIGNATION**U.S. PATENT DOCUMENTS**

| Examiner Initials | Cite No. | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|----------------------|-------------|--------------------|-----------------------------------|--|--|
| | AA | 2001/029362 | 10/11/2001 | Sirhan et al. | |
| | AB | 2003/004493 | 1/2/2003 | Casey et al. | |
| | AC | 2003/055377 | 3/20/2003 | Sirhan et al. | |
| | AD | 5,374,215 | 12/20/1994 | Crider et al. | |
| | AE | 5,718,680 | 2/17/1998 | Kraus et al. | |
| | AF | 6,179,825 | 1/30/2001 | Leschinsky et al. | |
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FOREIGN PATENT DOCUMENTS

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|--|-------------|----------------------------|------------------------------------|--|---|
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OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)

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Information Disclosure Statement-PTO-1449 (Modified)